

Oregon Department of Consumer and Business Services

Oregon Occupational Safety and Health Division (Oregon OSHA)

16760 SW Upper Boones Ferry Rd, Suite 200

Tigard, OR 97224

Phone: 503-229-5910



Citation and Notification of Penalty

To:

Christy Perry, Superintendent

Salem-Keizer SD 24J

PO Box 12024

Salem, OR 97309

Inspection Number: 317724247(91)

Inspection Date(s): 05/15/2019-06/10/2019

Issuance Date: 07/03/2019

Optional Rpt Num: A2637-024-19

Employer ID No: 5551189-023

Inspection Site:

4868 Buffalo Dr SE

Salem, OR 97317

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated.

In the interest of assuring a safe and healthy workplace, the Oregon Occupational Safety and Health Division (Oregon OSHA) conducted an inspection at a workplace under your control. During this inspection, violations of the Oregon Safe Employment Act and occupational health and/or safety rules were found.

This citation lists the violations and a date by which they must be corrected. If you are not able to correct the violations by the correction date, you must apply for an extension of the correction date by following the instructions outlined later in this citation. Oregon laws require that under certain conditions violations of occupational safety and health rules carry a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Chapter 437, Division 1. If you want to appeal this citation, file your request for hearing within 30 calendar days as outlined on the next page. If you choose not to appeal this citation, it becomes a final order 30 calendar days after receiving it. You must abate the violations referred to in this Citation by the dates listed, and pay the proposed penalties.

An effective Safety and Health program not only assures the correction of cited violations, it also requires actions to prevent violations from recurring. Through continued cooperation of employers, employees and Oregon OSHA, a safe and healthful workplace for all Oregon employees can be achieved.

Michael D. Wood, Administrator

Oregon OSHA

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited has (have) been abated, or for 3 working days (excluding weekends and holidays), whichever is longer.

Penalty PAYMENT - Penalties are due 20 days after the citation becomes final order (which is 30 days after receipt of this citation, unless appealed). Either make your check or money order payable to "Department of Consumer & Business Services (DCBS)", and mail to **DCBS, Fiscal Services Section, PO Box 14610, Salem OR 97309-0445**, or pay online at <http://osha.oregon.gov/rules/enf/Pages/citations.aspx#req>. Please include the Inspection Number on the remittance and return a copy of the invoice with payment. Oregon OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if they do not exist.

Employer APPEAL Rights - To appeal a citation, you must clearly state in writing that you are requesting a hearing on the citation and specify the alleged violation(s) contested and the grounds upon which you consider the citation, proposed penalty(ies), or correction period to be unlawful. The request for an appeal must be filed within **30** calendar days of receipt of the citation. You can file an appeal in writing or on-line at <http://osha.oregon.gov/rules/enf/Pages/citations.aspx#req>. An appeal is considered filed on the date of the postmark, if mailed, or on the date of receipt if transmitted by other means. If mailed, the appeal letter should be sent to: **Oregon OSHA, PO Box 14480, Salem OR 97309-0405**.

A request for an informal conference alone is not an appeal of a citation, and any unresolved issues discussed at an informal conference will not be forwarded for appeal unless there is a timely request for hearing filed. **If you do not request a hearing within the required time frame, this citation will become a final order that is not subject to review by any agency or court.**

IMPORTANT NOTE: Appealing a serious violation or the reasonableness of the correction date does not automatically extend the correction date. You may apply for an extension of the correction date through Oregon OSHA or request an expedited hearing on the issue of the correction date with the Workers' Compensation Board Hearings Division (Oregon Revised Statute 654.078(6)).

Letter of Corrective Action - You are required to complete and mail the enclosed Letter of Corrective Action to the appropriate field office on or before the latest correction date on the citation. Please provide a detailed explanation and supporting documentation (if necessary), such as drawings or photographs of corrected violations, purchase or work orders, air sampling results, etc.

EXTENSION of Correction Date - To apply for an extension for correcting a violation, go online to submit a written request to <http://osha.oregon.gov/rules/enf/Pages/citations.aspx#req>, or submit a written request to the **office listed on the "Letter of Corrective Action"** and include:

- (1) Employer name and address.
- (2) The location of the place of employment.
- (3) The inspection number and optional report number.
- (4) The violation number for which the extension is sought.
- (5) The reason for the request.
- (6) All available interim steps being taken to safeguard employees against the cited hazard during the requested extended correction period.
- (7) The date by which you propose to complete the correction.
- (8) A statement that a copy of the request for extension has been posted as required by OAR 437-001-0275(2)(d) and (j) or for at least 10 days, whichever is longer; and, if appropriate, provided to the authorized representative of affected employees; and, certification of the date upon which the posting or service was made.

Your request must be postmarked or received by the Department no later than the correction date of the violation for which the extension is sought.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint with the Bureau of Labor & Industries (BOLI) no later than 90 days after the discrimination occurred.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date is unreasonable. The objection letter must be mailed to Oregon OSHA and postmarked within 30 calendar days of the receipt by the employer of this Citation and Notification of Penalty.

Adopting Federal Rules by Reference - Whenever federal rules have been adopted by reference, the federal rule number has been noted in the citation. If information is needed regarding the Oregon standard, contact the Oregon OSHA field office addressed at the top of the first page of this citation.

Posting on the Internet - Federal OSHA publishes information on all inspections and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.

If you would like to discuss this citation, call the Oregon OSHA office in your area:

Portland 503-229-5910

Salem 503-378-3274

Medford 541-776-6030

Eugene 541-686-7562

Bend 541-388-6066

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317724247(91)
Inspection Date(s): 05/15/2019-06/10/2019
Issuance Date: 07/03/2019



Citation and Notification of Penalty

Optional Rpt Num: A2637-024-19

Company Name: Salem-Keizer SD 24J

Inspection Site: 4868 Buffalo Dr SE Salem, OR 97317

Citation 1 Item 1 Type of Violation: **Serious**

OAR 437-001-0760(3)(a): The employer did not investigate or cause to be investigated every lost time injury that workers suffered in connection with their employment, to determine the means that should be taken to prevent recurrence:

- a) Lost time injuries were not investigated to prevent recurrence. There were three lost time injuries in 2018 and two lost time injuries in 2019.
- i) Two employer investigations were conducted. The other three lost time injuries were not investigated.
- ii) An employee suffered an injury on November 13, 2018 with one day lost. No investigation was conducted.
- iii) An employee suffered an injury on February 2, 2018 with 17 days lost. An occupational injury report was conducted.
- iv) An employee suffered an injury on January 30, 2018 with 7 days lost. An occupational injury report was conducted.
- v) An employee suffered an injury on January 30, 2019 with 92 days lost. No investigation or report was conducted.
- vi) An employee suffered an injury on May 6, 2019 with 2 days lost. No investigation or report was conducted.
- vii) The three injuries that were not investigated occurred in the Emotional Growth Center and dealt with behaviors.
- viii) The principal admitted to being behind in completing investigations.

Date by Which Violation Must be Abated:	08/03/2019
Proposed Penalty:	\$700.00

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for illness and/or injury.

COPY

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317724247(91)
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Citation and Notification of Penalty

Optional Rpt Num: A2637-024-19

Company Name: Salem-Keizer SD 24J

Inspection Site: 4868 Buffalo Dr SE Salem, OR 97317

Citation 1 Item 2a Type of Violation: **Serious**

OAR 437-001-0765(2): An employer of more than 20 employees did not have at least 4 safety committee members:

- a) The safety committee at Mary Eyre Elementary had three members on the committee and attending meetings. For employers with 20 or more employees there should be at least 4 members.

Date by Which Violation Must be Abated:	08/03/2019
Proposed Penalty:	\$700.00

Citation 1 Item 2b Type of Violation: **Serious**

OAR 437-001-0765(4): Safety committee members did not represent major activities of the business:

- a) There was not a teacher on the safety committee at Mary Eyre Elementary. The major function of the school is teaching. The safety committee was made up of the office manager, custodian, and an instructional assistant.

Date by Which Violation Must be Abated:	08/03/2019
Proposed Penalty:	\$0.00

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317724247(91)
Inspection Date(s): 05/15/2019-06/10/2019
Issuance Date: 07/03/2019



Citation and Notification of Penalty

Optional Rpt Num: A2637-024-19

Company Name: Salem-Keizer SD 24J

Inspection Site: 4868 Buffalo Dr SE Salem, OR 97317

Citation 1 Item 3 Type of Violation: **Serious**

OAR 437-002-0134(3)(a): The employer did not provide training to each employee who was required by this section to use personal protective equipment (PPE):

a) Employees in the Emotional Growth Class (EGC) were provided a variety of personal protective equipment when dealing with behaviors. However, employees were not provided training or direction on when to use the equipment, what equipment to use, or how to put on the equipment. Employee interviews revealed there was no time to put on the equipment once a student was having a behavior, some employees stated the equipment could be used as a weapon, and others stated the equipment was not the correct size for them to wear.

Date by Which Violation Must be Abated:	08/03/2019
Proposed Penalty:	\$300.00

Total Proposed Penalty:	\$1,700.00
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OREGON OSHA INSPECTION SUPPLEMENT



1. IMIS no.: 317724247 2. Opt rpt no.: A2037-024-19 3. Emp. no.: 5551189-023

4. Date: 5.15.19 Time on site: 8:27 am Time out: _____ Travel time: 2.0

5.16.19 850 am 1140 am 2.0

5.28.19 89:00 am 3:15 pm 2.0

5.29.19 7:45 am 250 pm 2.0

5. Total inspection time: _____ 6. Legal entity: ☐ Corporation ☐ Partnership ☐ Sole

7. Legal name: Salem-Keizer SD 245

8. DBA: Mary Eyre Elementary E-mail: _____

9. Phone: _____ Cell/fax: _____

10. Site address: 4868 Buffalo Dr SE; Salem OR 97317

11. Mailing address: 2450 Lancaster Dr NE; Salem OR 97305

12. Employed in establishment: 46264 Covered by inspection: _____ Employed in Oregon: 5441 13. Statewide average DART: _____

14. OSHA 300 Logs: _____ year _____ year _____ year 2018

not reqd until Jan 1, 2018

H I H I H I

Hours worked each year: _____

DART rate: _____

Formula: $H + I \times 200,000 \div \text{hours worked} = \text{DART rate}$

15. Type of operation: Elementary School 16. SIC: _____ 17. NAICS: 611110

18. Management representatives: _____ Title _____ Opening _____ Insp. _____ Closing _____

Katie Vorderstrasse Risk Mgr ☒ ☒ ☒

Corina Valencia-Cushman Principal ☒ ☒ ☒

Bob Barnes Office Mgr ☒ ☒ ☐

_____ ☐ ☐ ☐

19. Employee representatives: _____ Title _____ Opening _____ Insp. _____ Closing _____

Athena Gray union rep. SKEA ☒ ☐ ☒

Roxann Fonoimoana OEA-Union Consultant ☐ ☐ ☒

_____ ☐ ☐ ☐

20. Photos taken: Yes No Video: Yes No Audio: _____ (# of tapes)

21. Workers' comp. insurance carrier: self-insured CCMSI 3rd party Admin Number: _____

22. Union name/address: SKEA & OEA

23. Does employer lease any employees? Yes No Leasing co. name: _____

24. Citation copies: ATTN: Risk Management

2450 Lancaster Dr NE; Salem OR 97305 ✓

COMPLIANCE OFFICER: Linda Patterson DATE: 6-10-19

Print name

Department of Consumer and Business Services
Oregon Occupational Safety and Health Division



Notice of Alleged Safety or Health Hazards

L 4/16

WED MAR 13, 2019 12:00		Complaint Number		209429973	
Establishment Name	Salem-Keizer SD 24J				
Site Address	4868 Buffalo Dr SE, Salem, OR 97317				
	Site Phone	503-393-3311	Site FAX		
Mailing Address	PO Box 12024, Salem, OR 97309				
	Mail Phone		Mail FAX		
Management Official			Telephone		
Type Of Business	School		Ownership	LOCAL GOVERNMENT	
Primary NAIC	611110 - Elementary and Secondary Schools				
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exists. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					

DESCRIPTION:

Item No: 1

Over the past several years the district has made choices which have caused teachers to have less support, training, and increased class sizes with students with significant behavioral and emotional disorders.

On 1/30/2019 two paraprofessionals assistants were absent from work leaving the classroom short staffed. During the day, the teacher sought assistance and was temporarily assigned a general education assistant who was not able to spend the entire day with the class. While still being understaffed, an incident occurred leaving one teacher and one pregnant paraprofessional to react to the situation. A student allegedly attempted to access scissors, knocking the teacher down, and proceeded to run her over with a cart. While the teacher was on the ground the student continued to throw books at her, resulting in injuries to the employee.

Other instances throughout the years have revealed that employees have received injuries such as bleeding arms, a snapped jaw, biting injuries, multiple kicks, punches, and other serious injuries as a result of their daily work environment.

Multiple events such as described above have resulted from the lack of teacher support throughout the years. Most of the instances resulted in injuries to the employees and continues to be problematic.

Item No: 2

All restraints and injury reports are not being investigated by the school district and/or the school safety committee. The school and/or district is not actively working to prevent the reoccurrence of employee injuries.

Item No: 3

There is not an effective way to communicate with the district/school for reporting injuries and/or restraints.



Notice of Alleged Safety or Health Hazards

WED MAR 13, 2019 12:00		Complaint Number		209429973	
Establishment Name	Salem-Keizer SD 24J				
Site Address	4868 Buffalo Dr SE, Salem, OR 97317				
	Site Phone	503-393-3311	Site FAX	ATTN: Risk Mgmt	
Mailing Address	PO Box 12024, Salem, OR 97309 2450 Lancaster Dr NE Salem 97305				
	Mail Phone		Mail FAX		
Management Official			Telephone		
Type Of Business	School		Ownership	LOCAL GOVERNMENT	
Primary NAIC	611110 - Elementary and Secondary Schools				
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exists. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					

DESCRIPTION:

Item No: 1

Over the past several years the district has made choices which have caused teachers to have less support, training, and increased class sizes with students with significant behavioral and emotional disorders.

On 1/30/2019 two paraprofessional assistants were absent from work leaving the classroom short staffed. During the day, the teacher sought assistance and was temporarily assigned a general education assistant who was not able to spend the entire day with the class. While still being understaffed, an incident occurred leaving one teacher and one pregnant paraprofessional to react to the situation. A student allegedly attempted to access scissors, knocking the teacher down, and proceeded to run her over with a cart. While the teacher was on the ground the student continued to throw books at her, resulting in injuries to the employee.

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Multiple events such as described above have resulted from the lack of teacher support throughout the years. Most of the instances resulted in injuries to the employees and continues to be problematic.

Location:

Mary Eyre Elementary, EGC and BIC classes.

1 classroom
B2
Beh. Intervention Ctr. (2 moved)

Item No: 2

All restraints and injury reports are not being investigated by the school district and/or the school safety committee. There has been inadequate evaluation of root causes or incidents, and the school and/or district is not actively working to prevent the reoccurrence of employee injuries.

Location:

Mary Eyre Elementary, EGC and BIC classes.

Item No: 3

There is not an effective way to communicate with the district/school for reporting injuries and/or restraints.

Location:

Mary Eyre Elementary, EGC and BIC classes.

change to info from letter
5/13/19
info - Linda Putherson - 3
insp # 317724247
Turdick

Has this condition been brought to the attention of:	Employer
Please Indicate Your Desire: The Undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form.	My name may be revealed to Employer A, Employee

Complainant Name	Monica DeMartino	Telephone	5 [REDACTED]
Address(Street, City, State, Zip)			
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.

Organization Name: Salem Keizer School District

Your Title: Emotional Growth Teacher

OFFICIAL USE ONLY:

Identification	Reporting ID	1054193	Previous Activity	0	Opt Numbe	0
	Establishment Name Change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Site Address Change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Employer ID	5551189 -023	City Code	County Code
Receipt Information	Received By C0196 COLMONE	Send OSHA-7? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: 03/13/2019 Time: 12:00 AM	Supervisor Assigned C0196 COLMONE		

Industry & Ownership	A. Private Sector LOCAL GOVERNMENT
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Complaint Evaluation	Evaluated By C0196 COLMONE	Subject/Severity Serious
	Is this a Valid Complaint? Yes	
	Formality INFORMAL	
	Migrant Farmworker Camp?	

Send Letter	Type	Date Letter Sent	Date Response Sent
	D. Nonformal Complaint to Employer	04/02/2019	04/16/2019

Received Letter	Type	Date Letter	Evaluation	Abatement Date
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Complaint Action	Inspection Planned? No	If Yes Priority:	If No Reason: Complaint was received via mail, in
	Transfer To (Name)		Transfer Date
	Transfer To Category		

Optional Information	Type	ID	Value
			Letter

Close Complaint	
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COMMENTS



Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Oregon Occupational Safety & Health Division (OR-OSHA)

350 Winter St. NE, Room 430

PO Box 14480, Salem, OR 97309-0405

Phone: (503)378-3272

Toll Free: 1-800-922-2689

Fax: (503)947-7461

osha.oregon.gov

April 02, 2019

Salem-Keizer SD,24J

PO Box 12024

Salem, OR 97309

Re: Complaint No: 209429973

On March 13, 2019, the Oregon Occupational Safety and Health Division (Oregon OSHA) received notice of safety and/or health hazard(s) at 4868 Buffalo Dr SE, Salem, Oregon. The specific nature of the alleged hazard(s) is as follows:

Item 1: Over the past several years the district has made choices which have caused teachers to have less support, training, and increased class sizes with students with significant behavioral and emotional disorders.

On 1/30/2019 two paraprofessional assistants were absent from work leaving the classroom short staffed. During the day, the teacher sought assistance and was temporarily assigned a general education assistant who was not able to spend the entire day with the class. While still being understaffed, an incident occurred leaving one teacher and one pregnant paraprofessional to react to the situation. A student allegedly attempted to access scissors, knocking the teacher down, and proceeded to run her over with a cart. While the teacher was on the ground the student continued to throw books at her, resulting in injuries to the employee.

Other instances throughout the years have revealed that employees have received injuries such as bleeding arms, a snapped jaw, biting injuries, multiple kicks, punches, and other serious injuries as a result of their daily work environment.

Multiple events such as described above have resulted from the lack of teacher support throughout the years. Most of the instances resulted in injuries to the employees and continues to be problematic.

Item 2: All restraints and injury reports are not being investigated by the school district and/or the school safety committee. There has been inadequate evaluation of root causes or incidents, and the school and/or district is not actively working to prevent the reoccurrence of employee injuries.

Item 3: There is not an effective way to communicate with the district/school for reporting injuries and/or restraints.

It has not been determined whether the alleged hazard(s) exist at your worksite. No inspection is planned at this time; however we request that you investigate the alleged hazards and make corrections or modifications. Please respond in writing the results of your investigation, no later than ten (10) working days from receipt of this letter, indicating actions taken, corrections made or that no hazard existed. Please provide supporting documentation, such as applicable measurements, monitoring results, photographs, etc., which you believe would be helpful. We encourage employee participation in investigating and responding to the alleged hazards. It is Oregon OSHA's goal to assure hazards are promptly identified and eliminated. **If we do not receive a response an inspection will likely be conducted.**

Oregon law also requires that your workers compensation insurance carrier provide consultative services. We encourage you to utilize these services for hazard correction. By copy of this letter, we are advising them of your possible need for their services.

The complainant has been furnished a copy of this letter and will be provided a copy of your response. ORS 654.062(4) of the OSEAct provides protection for employees against discrimination because of their involvement in protected safety and health activity.

If you have any questions concerning this matter, please contact me at 503-378-3274. Your personal support and interest in the safety and health of your employees is appreciated.

Aaron Colmone
Aaron Colmone
Enforcement Manager
OR-OSHA Salem Field Office
1340 Tandem Ave NE, Suite 160
PO Box 14513
Salem, OR 97303
503-378-3274
aaron.colmone@oregon.gov

209429973-stevens

cc: Central Files
Field Office Files
Complainant

SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) SCOTT MILSHAW		C. Date 4/9/17	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
1. Article Addressed to: SALEM-KEIZER SD 24J PO BOX 12024 SALEM OR 97309 209429973  9590 9402 4591 8278 6928 21		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restrict Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)	
2. Article Number (Transfer from...) 7014 0510 0001 9682 3111			